

CORRECTED

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 - 0 4

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-01-05

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(XVIII) of the Act. The  
Breast and Cervical Cancer Treatment Act of 2000

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ 4,375,000

b. FFY 2006 \$ 5,833,333

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 23a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New page

10. SUBJECT OF AMENDMENT:

Add a new optional categorically needy Medicaid group for Breast and Cervical Cancer

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

September 9, 2004

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18 SEPTEMBER 2004

18. DATE APPROVED:

16 NOVEMBER 2004

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

Jack E. Allen for Andrew A. Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID &amp; CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Nancy Staffins

STATE	<u>OKlahoma</u>
DATE REC'D	<u>9-18-04</u>
DATE APP'VD	<u>11-16-04</u>
DATE EFF	<u>1-1-05</u>
HCFA 179	<u>04-04</u>

A

Corrected  
ATTACHMENT 2.2-A  
Page 23a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

Agency	Citation(s)	Groups Covered
Oklahoma Health Care Authority		

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)(A)(ii)  
(XVIII) of the Act

X 20. Women who:

a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;

b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;

c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and

d. have not attained age 65.

1920B of the Act

21. Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

NEW PAGE

New Page 01-01-05

TN No. 04-04

Supersedes

TN No.

Approval Date 11-16-04

Effective Date 1-1-05